

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-018925

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED MAY 31 1962

Primary Registration District No.

1002

Registrar's No.

2414

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas City

Length of stay in 1b

40 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION General Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Jackson

c. CITY OR TOWN

Kansas City

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

1319 Highland

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

First Middle Last
Maurice Dickinson

4. DATE OF DEATH

Month Day Year
April 30, 1962

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married

Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-17-04

9. AGE (last birthday)

57

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bus carrier

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Muskagee Okla.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Dickinson

13b. MOTHER'S MAIDEN NAME

Louise Houston

14. NAME OF HUSBAND OR WIFE

Mary Dickinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mary Dickinson 1319 Highland

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dependent bronchial pneumonia.

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma right tonsilar fosal

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4-29-62

4-30-62

4-30-62

Death occurred at

9:35

A

and last saw her alive on

22a. SIGNATURE

(Degree of title)

22b. ADDRESS

2400 Cherry

22c. DATE SIGNED

5-2-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/7/62

23c. NAME OF CEMETERY OR CREMATORY

Fair View

23d. LOCATION (City, town, or county)

Kansas City

(State)

Mo.

24. FUNERAL DIRECTOR

Manlove Williams 1729 Lydia

25. DATE RECD. BY LOCAL REG.

5-3-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

5-8-62

INSTEAD OF

SHOULD READ

23c, d St. Mary's Kansas City, Mo. Fair View, Liberty, Mo.

DOCUMENT

BY AFFIDAVIT OF Frank Ellis Medical Certification

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eddie Middleton

Licensed Embalmer No. 5046-

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.